

## MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014679

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration No. 360

Primary Registration District No. 6228

Registrar's No. 43

FILED MAR 29 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Henry twp</b>				Length of stay in 1b <b>2 yrs.</b>		c. CITY OR TOWN <b>Hume R.F.D. 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hume R.F.D. 1</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 1</b>	
3. NAME OF DECEASED (Type or print) <b>Gregory Gaylen Goodlett</b>				4. DATE OF DEATH Month <b>March</b> Day <b>15</b> Year <b>1963</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-22-1954</b>	
9. AGE (last birthday) <b>8</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		11. BIRTHPLACE (City and state or country) <b>Butler, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph E. Goodlett</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Louise Turpin</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Wilford Turpin Hume, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute asphyxiation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>strangulation</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>child apparently slipped or jumped from hay loft</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		with rope which formed noose around head and neck.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in barn on farm</b>		20f. CITY, TOWN, OR LOCATION <b>Hume</b>		COUNTY <b>Vernon</b> STATE <b>Missouri</b>	
21. Attended the deceased from _____, to _____, and last saw him/her on <b>March 15, 1963</b> Death occurred at <b>6:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>L. Ingles Ferry</b> (Degree or title) <b>L. Ingles Ferry, Coroner</b>				22b. ADDRESS <b>Vernon County, Missouri</b>		22c. DATE SIGNED <b>3-19-1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-18-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Underwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Vernon Co., Missouri</b>	
24. FUNERAL DIRECTOR <b>Culver-Underwood</b>		ADDRESS <b>Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-20-1963</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer.

Signed Robert D. Steinfeld

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.